Quality at Entry Report

Australia- Indonesia Partnership for Maternal and Neonatal Health

A: AidWorks details *completed by Activity Manager*			
Initiative Name:	**Indonesia Maternal and Neonatal Health (MNH) Program**		
AidWorks ID:	07B011	**Total Amount:**	**$**
Start Date:	TBC	**End Date:**	TBC

B: Appraisal Peer Review meeting details *completed by Activity Manager*	
Initial ratings prepared by:	Syed Haider
Meeting date:	03 April 2008
Chair:	Blair Exell, Minister-Counsellor, Jakarta
Peer reviewers providing formal comment & ratings:	– Michael Douglas, Independent appraiser – Rob Condon, Independent appraiser – Gai Sheridan, Design Advisor, Operations Policy & Support, Canberra – Chris Hoban, Principal advisor, Operations, Canberra
Independent Appraisers:	– Michael Douglas, Independent appraiser – Rob Condon, Independent appraiser
Other peer review participants:	-Blair Exell, Minister Counsellor -Jim Tulloch, Principal Adviser Health -Susan Ivatts, Director Health and HIV Thematic Group -Brian Hearn, Director Design and Procurement Advisory Group -Beth Slatyer, Health Advisor -Krishna Hort, Consultant Design Team -Cilla Ballard, Counsellor Jakarta -Bernadette Whitelum, Counsellor, Health and Aceh, Jakarta -Jo Perrens, Anti-Corruption Unit -Patrisia Mulita, Anti-Corruption Unit -Widya Setyowati, Program Manager, Health Unit -Chairani Siregar, Program Officer, Health Unit -Bron Nicholas, Manager, Health Programs, Health Unit -Janes Ginting, AusAID MNH Program Manager -Debbie Bowman, AusAID Representative, Kupang -Jenny Kerrison, AusAID Regional Health Coordinator, Kupang -Danielle Heinecke, Director Indonesia Branch, Canberra -Syed Haider, Indonesia Branch Canberra -Irene Wettenhall, , Indonesia Branch Canberra -Johanna Wicks, Health and HIV Thematic Groups -Ainsley Hemming, (Posted to HSS Program Jakarta) -Noela McDonald, Department of Health, Canberra

C: Quality Rating Assessment against indicators			
Quality	**Rating (1-6) ***	**Comments to support rating**	**Required Action (if needed)**
1. Clear objectives (Rob Condon)	**5**	**1a) Are objectives consistent with the country strategy and Australian priorities and policies?** Yes. **1b) Are objectives outcome-focussed, clear, measurable and achievable within the stated timeframe?** Yes. Those few that are actually outputs (e.g. Output 2.2) are quite readily measurable. **1c) Are the relationships linking inputs, outputs and objectives clear and plausible?** Yes. **1d) Do objectives address needs agreed by target beneficiaries and key stakeholders?** Yes, reasonably clearly. **1e) Are objectives clearly supported by partner governments and other key donors?** Yes, reasonably clearly.	•
Clear objectives (Michael Douglas)	**5**	**Are objectives consistent with the country strategy and Australian priorities and policies?** Yes **Are objectives outcome-focussed, clear, measurable and achievable within the stated timeframe?** The objectives stated are clear, with a well defined time frame of implementation **Are the relationships linking inputs, outputs and objectives clear and plausible?** Clear logic **Do objectives address needs agreed by target beneficiaries and key stakeholders?** The program focussed on a priority for the respective provincial government. Community wishes not stated. **Clearly supported by partner governments and other key donors?** There is evident process to integrate with other DP activity. The PRC could evolve as a group where other donors could 'come to the table'. At provincial level, no formal process outlined to achieve this	

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Clear objectives (Chris Hoban)	**4**	Broad objective is OK in principle but seems too complicated for measuring success. Can we really drive the program by focus on the three key target indicators of assisted delivery, antenatal exams and care for complications? Given the flexible design and potential transition to government control, we need a very clear statement which can guide future choices.	
Clear objectives (Gai Sheridan)	5 (prev 4)	Objectives and outcomes reasonably clear. Adoption of staged objectives into short term to be achieved within 3 years, and longer term within 10 years is sensible – but the only difference is that the sort term limits the outcomes to 'selected Districts in **up to two provinces'** while the long term is for an unlisted number of 'selected' provinces and districts. The inference to be drawn from this is that ALL the outcomes (in the logframe) are achievable in the first two selected provinces within the 3 years, and that after that, over the next 7 years the program would move on to other selected provinces and deliver ALL the outcomes (presumably still within a 3 year time-frame per set of provinces. Is this intended? I had understood that the plan to move to progressive achievements was meant to refer to the outcomes being partially achieved in 3 years and fully achieved after 10 years. This does not seem to be consistent with the phasing plans as outlined at 3.6 (p32 ff). The logframe is improved but also does not indicate how these implied time-frames fit in.	Editing to clarify the timeframe plan for engagement in the selected provinces. It would be useful to incorporate the intention to work in NTT-NTB in the objectives, and, if the plan is to expand into others (Papua?) later, that should also be explicit (even if there are caveats put on where & when).

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2. Monitoring and Evaluation (rob Condon)	**4**	**2a) Is it clear what will be measured, by whom, when and how (including baselines where appropriate) and any associated risks?** Not altogether. However, this may be clarified during implementation (and MCs should be encouraged to describe their approach to performance assessment in their submissions). **2b) Is monitoring and evaluation focused on priority information needs and not overly complex?** Generally. Some use is made of routine data collections and surveys, especially to measure higher order outcomes (but these are unlikely to be achieved within the three-year time frame). **2c) Does monitoring and evaluation clearly support management, accountability and lessons-learning needs (including Quality at Implementation)?** Yes. The new Component 3 supports the performance orientation of the Australian aid program and AusAID QAI approaches. **2d) Is monitoring and evaluation adequately resourced?** Unspecified. Again, potential MCs should be encouraged to think about an appropriate level of resourcing for M&E in their submissions. **2e) Is it clear how arrangements contribute to strengthening local monitoring and evaluation capacity (including use of local monitoring systems)?** This is now reasonably clear. **2f) Other comments and observations –** None	

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M & E (Michael Douglas)	**4**	• Further development of the M&E approach is needed. There is a detail of information in the outline on M&E, but it is a little hard to see the logical progression that the framework will take. The design states that the issue will require further development. This should be stated as a first priority. • Limited statement of baselines is made, targets are not identified. A range of data sources are couched – but again, in the absence of a framework, it is difficult to assess the appropriateness of these or the capacity to capture data. • The approach needs development to identify the respective priorities. The levels of M&E outlines are appropriate. • Not clearly stated • The M&E adviser is now not shown in the personnel schedule – presumably this will be one of the TA mobilised early. The overall indicative allocation of resources to M&E is not stated. The rule of thumb for this is in the order of 5 – 10% of overall budget. This should be indicated in the design. • The existing M&E approaches are stated. However, the absence of a framework negates the ability to assess the consistent use of these. Utilisation of data sources that have been assisted in development by other donors is noted. The overall capacity of information systems is not stated, nor the ability to derive data from these sources. Further assessment will be needed as an early action.	

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M & E (Chris Hoban)	**4**	Indicators seem about the right level of detail and with a reasonable chance of being monitored, though surveys at 3 and 5 year cycles are of little use for management decisions. Will these indicators help districts & province manage their maternal health programs?	
M & E (Gai Sheridan)	6 (prev 3)	Logframe now quite specific relating to measuring change in health outcomes over time. It is understood that as the support for planning is delivered (under C2) Districts will be able to identify actual levels of increase to target. Good detailing of what is to be covered in the M&E plan and approaches to data collection, including use of government systems where available and of appropriate quality. Late term evaluation of effectiveness appropriate.	
3. Sustainability (Rob Condon)	**4-5**	**3a) Are stakeholder ownership, partner policies, programs and political context conducive for longer term benefits (or otherwise) taken into account?** Yes. **3b) Can planned assets, technical, organisational or institutional changes or reforms be sustained?** Uncertain. **3c) Are costs of the activity, during and after implementation, allowed for with evidence they can be met?** Not really, although the "risk management" approach to sustainability monitoring has been retained and will be helpful. **3d) Other comments and observations –** None	

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Sustainability (Michael Douglas)	**5**	• yes • The mode in which incentives are provided gives a sound basis for incremental and supported development of local capacity. • The technical support provided supplements the existing personnel. There is not a comprehensive assessment provided on whether staffing needs meets community need. It is noted that there will be some facility development. On the basis of information provided, it is difficult to assess whether there will be any sustained budget requirements. However, the principles upon which the program is proposed, and the stated perspective that it will be a long term support to achieve capacity required, the issue of sustainability has been factored central to the design	
Sustainability (Chris Hoban)	**5**	The approach of moving towards government ownership in a cautious but deliberate way is the best one to build sustainable change. We need to mitigate the risk that this could slip back towards a project approach. And we need to more to ensure coherence between this and other programs.	
Sustainability (Gai Sheridan)	6 (prev 4)	Good potential given plans for close working with Govt systems and improvements to developing capacity. There may still be some vulnerability to political variability in health funding allocations at provincial and district levels, which could undo gains made or fail to bring local allocation up to maintain AusAID inputs into budget support.	

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4. Implementation & Risk Management **(Rob Condon)**	**4**	**4a) Are implementation arrangements sound?** Yes. **4b) Where appropriate, are implementation arrangements harmonized with other donors and aligned with partner government systems?** Yes, reasonably well. **4c) Are roles and responsibilities of all main parties clearly identified and will they be effective, particularly "when things go wrong"?** Not really, but can be defined more clearly during the early phase of implementation. **4d) Is the design framework robust enough to allow for necessary adjustments to risks as they emerge?** Yes (subject to adequate and timely risk monitoring). **4e) Are main risks and plans to prevent or mitigate them identified?** Most of the important risks are identified, and are now quantified. Almost all of them are rated "High", reinforcing the need for active risk monitoring and management Reversion from a "program" from of aid to a "project" – or "contractor dominance" – is still not addressed. Might the inclusion of Component 3 (with its increased focus on performance assessment) present a risk to chronically under-performing Districts? **4f) Are quality control mechanisms for the activity's major deliverables adequate?** Unclear, but probably adequate. **4g) Other comments and observations –** On page 49, there is still a reference to "payments … for work that is outside normal duties" – this still seems an unusual statement for the design for a program that is looking at fundamental performance improvement in the Indonesian health system.	

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Implementation & Risk Management **(Michael Douglas)**	**5**	• Are implementation arrangements sound? yes • Arrangements are certainly aligned with government systems – indeed, they work within the measured scope of government systems. Other donor support for the sector has been considered – although it is presented as a fairly limited scope of support; there is stated intention to work with other donors. • There is clear statement of each of the decision making bodies. The role of the national MCH adviser, and the relationship that this adviser will have with local players is not clear; The relationship of the District Coordinator with the DHO also needs clarification. Who is the line manager for these positions, and how do these avoid any subversion of existing systems? • Is the design framework robust to allow for necessary risk? yes • A risk assessment is provided. This considers the major issues. Risks associate d with capacity to measure performance has not been developed as yet. • The independent monitoring and evaluation group will need to have a central role in performance assessment. The processes to keep the PRC informed as a key assessment and decision making body are to be developed.	
Implementation & Risk Management **(Chris Hoban)**	**4**	The broad approach is great but I am worried about some of the details indicated above.	
Implementation & Risk Management **(Gai Sheridan**	5 (prev 3)	Significantly improved detailing of the management and implementation approaches and processes for funding and fiduciary risk for funds for service delivery at local level (C1). Good approach to funding mechanism for C2 & 3, with support for progressive involvement of district staff and gradual building of capacity. Very good approach to provision and management of TA. Clearer detailing of roles and responsibilities. Resources allocation is still a bit unclear,	Clearer info in text of DD on budget resources for whole of program (summary of what is in the detailed budget in Annex.)

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5. Analysis and lessons (Rob Condon)	**4**	**5a) Does analysis take into account institutional, economic, financial, organisational and human resource issues?** Yes – very clearly and quite thoroughly **5b) Are lessons from previous experience in the sector and/or country taken into account?** Only partly. Lessons from the present pilot initiative in the Sikka, Ende and Sumba Timur Districts of NTT are still not clear. **5c) Are cross-cutting issues (e.g., gender equality, environment, anti-corruption) taken into account?** This section has not really been updated. **HIV** is still not identified as a cross-cutting issue … but it is! The revised design extrapolates much more clearly on **performance orientation** and **partnerships**. **5d) Is programming logic sound, based on situation analysis and identifying a plausible solution?** Yes, much clearer. **5e) Are proposed technical solutions high quality, appropriate to the context and good value for money?** The revised design represents a good opportunity to achieve sustainable impact in response to Australian investment. The possibility of extending funding to up to 10 years supports this. **5f) Does the analysis take into account which partnerships are going to be critical in achieving the objectives and why?** Community and GoI partners – yes. "External" partnerships – still not particularly clear, but could evolve during implementation. **5g) Other comments and observations –** None	

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Analysis & Lessons (Michael Douglas)	**5**	• Does analysis takes into account institutional, economic, financial, organisational and human resource issues? Yes • The earlier version of the design acknowledged, but failed to incorporate the lessons of the experience of limited achievement through earlier aid activity. The more intentional statement of program modality and the incremental phase in accordance with local capacity has been incorporated well into the revision. There is very little analysis provided of other donor experience in the sector. • These are clearly addressed • Yes. Background papers have provided a comprehensive assessment of the NTT establishment. There is, and will be, ongoing need of assessment of capacity (of personnel, systems etc) to met with community need. The modality proposed should be able to develop support on the basis of these assessments. • There is only minimal description of technical supports defined. It is expected, however, that review mechanisms should ensure that technical intervention are in keeping with international 'best practice'. The 'value for money' question is not explicitly addressed. Given the province has some of the poorest health indices in the country, and the overall modest budget to meet the demand, on the basis of per capita gain, one should expect value for money. • Yes. It is clearly aligned with the provincial and district government systems, with the underpinning approach to strengthen these systems. There is only limited reference to community based institutions and the support that may be provided to these.	
Analysis & Lessons (Chris Hoban)	**5**	Good analysis and discussion	Need fiduciary diagnostics before providing funds through government?

C: Quality Rating Assessment against indicators

Analysis & Lessons (Gai Sheridan)	5 (prev 4)	Analysis gives useful background and coverage of rationale and consistency with AusAID agenda. It identifies a number of systemic and management weaknesses that undermine effective service delivery and makes feasible links to a range of assistance AusAID can provide. The discussion of the role of the government planning and potential for harmonisation and the role of other donors could be clearer and should offer more explicit links to the nature of AusAID assistance. Listing of other donor activities useful but not linked to how the new proposal will work. In particular some discussion on how to manage the potential for overlap or duplication is warranted. Lessons from the existing 'pilot' (on which this Design is based) may be included but if so are not explicitly identified. It would enhance the analysis if they were to be attributed. The whole program is founded on redressing some of the gender inequalities and disadvantage of women – but this is not emphasised in the analysis. Gender section (p48) could be improved with some indicative strategies to support the intentions to improve empowerment of women in community decision making about their health services. (Eg include info shown in output 1.3 p 20). Discussion of form of aid, the process for working with government systems and use of a managing contractor to support implementation is appropriate for the emerging environment and current state of low capacity in the target provinces. .	Some minor editing to expand on how the program will coordinate with other donors and manage overlap in Various Districts, or in capacity building and system improvements. Some elaboration on mainstreaming of gender support programs within the design would enhance the design.

* **Definitions of the Rating Scale:**			
Satisfactory *(4, 5 and 6)*		***Less than satisfactory*** *(1, 2 and 3)*	
6	Very high quality; needs ongoing management & monitoring only	**3**	Less than adequate quality; needs to be improved in core areas
5	Good quality; needs minor work to improve in some areas	**2**	Poor quality; needs major work to improve
4	Adequate quality; needs some work to improve	**1**	Very poor quality; needs major overhaul

D: Next Steps *completed by Activity Manager*

Provide information on all steps required to finalise the design based on *Required Actions* in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. Peer Review team agreed interim activities needed to continue to ensure no further delay and the program could work within GoI timeframes including budgeting cycles.	-	
2. Reg 9 and 10 approvals will be sought.		
3. A Subsidiary Arrangement with the GoI will be finalised and signed.	-	
4. Revise the Request for Tender and proceed to procurement of managing contractor.	-	
5. Subject to approval from delegate tender process commences.	-	

E: Other comments or issues *completed by Activity Manager*
Revised MNH Design Document was resubmitted to the appraisers on 30 April to reconsider their QAE ratings. Both independent appraisers and internal AusAID appraisers have updated their QAE scores and are confident that that MNH design now meets AusAID's quality standards (Attached QAE ratings). One of the independent appraiser mentioned "This version reads vastly superior to the earlier version – I feel very comfortable about its progress toward implementation from here".

F: Approval *completed by ADG or Minister-Counsellor who chaired the peer review meeting*

On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:

☐ **QAE REPORT IS APPROVED**, and authorization given to proceed to:

- ○ **FINALISE** the design incorporating actions above, and proceed to implementation

or: ○ **REDESIGN** and resubmit for appraisal peer review

☐ **NOT APPROVED** for the following reason(s):

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_____

Blair Exell	signed:	date:

When complete:

- Copy and paste the approved ratings, explanation and actions (table C) into AidWorks
- The original signed report must be placed on a registered file